MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(159)

08454

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County: Caroline

City or town: Ridgely

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 months.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? 3 weeks.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Ridgely.

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Curtis C. Bishop

3. (b) Social Security Number

4. Sex: Male

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Single.

6.(b) Name of husband or wife: —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): July ~~22~~ 23 1940

8. AGE: Years | Months | Days 25 | If less than one day ... hrs. ... min.

9. Birthplace: Ridgely Caroline Md.

(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER

12. Name: Clifton C Bishop.

13. Birthplace: Delaware.

MOTHER

14. Maiden name: Evylin A. Kemp.

15. Birthplace: Delaware.

16. Informant: Clifton C. Bishop.

Address: Goldsboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 19, 1940 (month) (day) (year)

Cemetery or crematory: Greensboro.

Location: Greensboro Md.

18. Funeral director: Raymond B. Rawlings

Address: Greensboro Md.

19. Aug 19 1940 (Date rec'd by registrar) J D Davis. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 17 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 22 1940, to Aug. 17 1940 and that I last saw him alive on Aug. 17 1940

Immediate cause of death: Premature

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Charles H Stoner for MD M. D. or other

Address: Greensboro Md Date signed: Aug 19 1940

RECEIVED
SEP 3 1940
BUREAU V. S.

08455

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County: Caroline,

City or town: Reliance
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Seaford, Del., R.F.D.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Near Reliance
(If rural, give LOCATION)

2.(a) If veteran, name war: - - - - -

3. (a) FULL NAME: Wilmer Cannon,

3. (b) Social Security Number: 212-14-4185

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Golored	Married

6.(b) Name of husband or wife: Frances Cannon,

6.(c) If alive, give age: 29 yrs. years

7. Birth date of deceased (mo., day, yr.): March 4th. 1908

8. AGE:

Years	Months	Days	If less than one day
32	5	16	..... hrs. ..... min.

9. Birthplace: Dorchester Co. Maryland.
(Town, county, and state)

10. Usual occupation: Day laborer

11. Industry or business: State Road Construction

FATHER
12. Name: John H. Cannon
13. Birthplace: Dorchester Co. Md.

MOTHER
14. Maiden name: Nancy Coulbourne.
15. Birthplace: Dorchester Co. Md.

16. Informant: Mrs Frances Cannon,
Address: Seaford, Del. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 22" 1940 (month) (day) (year)

Cemetery or crematory: Federalsburg Colored Cem.

Location: Federalsburg, Maryland

18. Funeral director: J. J. Framptom & Son.
Address: Federalsburg, Md.

19. August 22 1940 (Date rec'd by registrar) J. J. Framptom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 20th. 1940, at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Natural Causes.

Due to: Acute myocarditis. c.w.s.q. Duration: not stated.

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Wilmer N Nichols M. D. or other

Address: Deputy Medical Examiner Date signed: 8/22/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08456

Reg. Dist. No. 66

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Ridgely

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 6

Stay in this community (yrs., or mos., or days) 6

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Caroline

City or town Ridgely Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Cornelia Evelyn Dukes

3. (b) Social Security Number none

4. Sex	5. Color or race	6(a) Single, married, widowed, or divorced
female	white	widowed

6(b) Name of husband or wife William James Dukes deceased 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) September 14 1854

8. AGE: Years 85 | Months 11 | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace Queen Anne, Q.A. Co Md (Town, county and state)

10. Usual occupation housekeeper

11. Industry or business home

FATHER 12. Name William Edward Mason

13. Birthplace Queen Anne, Q.A. Co Md

MOTHER 14. Maiden name Emily Ann Emory

15. Birthplace Q.A. Co Md

16. Informant Laura Mason

Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 30, 1940 (month) (day) (year)

Cemetery or crematory Hillsboro P.C. Cemetery

Location Hillsboro, Md.

18. Funeral director James A. Spence

Address Easton, Md

19 Aug 28 1940 (Date rec'd by registrar) J. W. Davis, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28 1940, at 5:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 12 1940, to Aug 28 1940, and that I last saw her alive on August 27 1940.

	DURATION
Immediate cause of death Carcinomata Stomach	about 1 yr.
Due to	
Due to	
Other conditions Mitral Stenosis	yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy no

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE J. Hufer M.D. M. D. or other

Address Ridgely Md Date signed 8-28-40

RECEIVED
SEP 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(50)

08457

Reg. Dist. No. 63

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Choptank (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Choptank Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Nannie Grace Jester

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

8 (b) Name of husband or wife: James H. Jester

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 20--1880

8. AGE:

Years	Months	Days	If less than one day
60	6	24	hrs. min.

9. Birthplace: Talbot Co., Maryland (Town, county, and atate)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: Capt. Thos. B. Price

FATHER 13. Birthplace: Talbot Co - Md

MOTHER 14. Maiden name: Mary F. Cheezum

MOTHER 15. Birthplace: Maryland

16. Informant: Mrs. Earle Jester

Address: Choptank, Md.,

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 16, 1940 (month) (day) (year)

Cemetery or crematory: CHOPTANK ~~Methodist~~ Cemetery

Location: ~~Winchester (near Preston)~~ Md. ,at Choptank, Md

18. Funeral director: W. H. Hollis & Son

Address: Preston, Md.,

19. Aug. 16 1940 (Date rec'd by registrar) Cornelia D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/13th 1940, at 9.30 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/1 1940, to 8/13 1940, and that I last saw her alive on 8/13/40 19

Immediate cause of death	DURATION
Carcinoma of Breast	
Due to	
Due to	
Other conditions	

(Include pregnancy within 8 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: G Roger Myers M.D. M. D. or other

Address: Hurlock Md Date signed 8/15/40

RECEIVED
SEP 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08458

1. PLACE OF DEATH (8)

County Caroline Registration Dist. No. 63

Village or City Preston No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ___ yrs. 1 mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Stillbirth Johnson. If U. S. Veteran, specify WAR

(a) Residence: No. Cambridge Md. Preston on b. cut St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): 8/9/40

7. AGE: Years | Months | Days: None | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town): Preston (State or country): Maryland

FATHER

13. NAME: James Smith.

14. BIRTHPLACE (city or town): Katesville (State or country): Virginia

MOTHER

15. MAIDEN NAME: Susie Lee Virginia Johnson

16. BIRTHPLACE (city or town): Bruce (State or country): Virginia

17. INFORMANT: Mother of Stillbirth. (Address) Preston, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Near home Date Aug. 9, 1940

19. UNDERTAKER: Lillian Johnson (Address) Preston Md.

20. FILED Aug. 9, 1940 Cornelia W. Plummer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1940, to August 9, 1940

I last saw him alive on August 9, 1940 death is said to have occurred on the date stated above, at 2 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Prematurity at 6½ months	8/9/40

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Harold B. Plummer M. D.

(Address) Preston Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
SEP 4 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

CERTIFICATE OF DEATH

08459

Reg. Dist. No. 66

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Caroline

City or town: Goldsboro R F D

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Goldsboro R F D

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Fletcher M. Kinnamon

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Single.

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17, 1913

8. AGE: Years	Months	Days	If less than one day
27	3	16	hrs. min.

9. Birthplace: Goldsboro Caroline Co. Md.
(Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business

FATHER
12. Name: Hiram Kinnamon.
13. Birthplace: Md.

MOTHER
14. Maiden name: Mary A. Ross.
15. Birthplace: Md.

16. Informant: Hiram Kinnamon.
Address: Goldsboro Md R F D

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 5 1940 (month) (day) (year)

Cemetery or crematory: Greensboro.

Location: Greensboro Md.

18. Funeral director: Raymond B. Rawlings.

Address: Greensboro Md.

8/5/40 19 A C Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/3 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 25 1940, to 8/3 1940 and that I last saw h[illegible] alive on 8/2 1940

Immediate cause of death	DURATION
Status Epilepticus.	7 days
Due to: Grande Mal Epilepsy	20 yrs.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: C G Silver M. D. or other

Address: Goldsboro Md. Date signed 8/5/40

CEIVED
5 1940
V. S.
RECEIVED
SEP 5 1940
BUREAU V. S.

08460

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline County

City or town Denton Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Caroline

City or town Denton Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Clara Ayers McWilliams

3. (b) Social Security Number none

4. Sex F

5. Color or race W

6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband ~~or wife~~ Alex. McWilliams

6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug. 7th 1872

8. AGE: Years 68 | Months | Days 11 | If less than one day ..... hrs. ..... min.

9. Birthplace Denton Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Frank Ayers
13. Birthplace Denton Md.

MOTHER
14. Maiden name Sally Cade
15. Birthplace Denton Md.

16. Informant Mr. Alex. McWilliams
Address Denton Md.

17. Buried
(Burial, cremation, or removal. Which?)
Date thereof 8-20-40
(month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Denton Md.

18. Funeral director J. Virgil Moore & Son
Address Denton Md.

19. 8-19 1940 Wm D O George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1940 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1940, to Aug 18 1940 and that I last saw her alive on Aug. 18 1940

Immediate cause of death | DURATION

Due to Chronic Endocarditis | 1936

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hanson O George
M. D. or other

Address Denton Md. Date signed 8-19-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

08461

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg – Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs.

Hospital, Institution, or street address where death occurred: Walkertown

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Federalsburg – Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Walkertown

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Lena Scott

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: W. Fred Scott

6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): April 10, 1877

8. AGE:

Years	Months	Days	If less than one day
63	4	14	... hrs. ... min.

9. Birthplace: Caroline County Maryland (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own Home

FATHER

12. Name: William T. Wilson

13. Birthplace: Caroline County, Maryland

MOTHER

14. Maiden name: Martha Chace

15. Birthplace: Caroline County, Maryland

16. Informant: W. Fred Scott

Address: Federalsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: August 27 1940 (month) (day) (year)

Cemetery or crematory: Hill Crest Cemetery

Location: Federalsburg, Maryland

18. Funeral director: J. J. Hampton and Son

Address: Federalsburg, Maryland

19. August 26 1940 (Date rec'd by registrar) J. J. Hampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 24 1940, at 6:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 24 1940, to Aug 24 1940 and that I last saw h.e.r. alive on Aug 24 1940

Immediate cause of death	DURATION
Coronary Thrombosis	30 min
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results: ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE: Frank M. Anderson M. D. or other

Address: Federalsburg md Date signed: 8/26/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

08462

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline County

City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Sally Clark Smith

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: widow

6.(b) Name of husband ~~or wife~~: Mark Smith

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Dec. 28th 1860

8. AGE: Years 79 | Months 10 8 | Days 19 | If less than one day ... hrs. ... min.

8. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: John Wesley Clark
13. Birthplace: Delaware

MOTHER
14. Maiden name: Mary Elizabeth Smith
15. Birthplace: Del.

16. Informant: Mrs Anna Clough
Address: Denton Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 8-19-40 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton Maryland

18. Funeral director: J. Virgil Moore & Son
Address: Denton Md.

19. 8-19 1940 (Date rec'd by registrar) M D O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 17 1940 at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939 to Aug 17 1940 and that I last saw her alive on Aug 17 1940

Immediate cause of death	DURATION
Chronic Myocarditis	1938
Chronic Arthritis	1935
Due to	
Due to Fracture of Hip; due to an accidental fall, on stair step, in her home. C.W.G.R.	Dec. 1939
Other conditions	

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Accident Date of Dec. 16, 1939

Where did injury occur? Denton (City or town) Caroline (County) Md. (State)

Injured at home, farm, industry, public place (where?) at home

Means of injury: Accidental fall Injured at work?

23. SIGNATURE: Dawson O George M.D. or other

Address: Denton Md Date signed 8/19/40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(117-a)

08463

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Near Denton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Near Denton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: Hobbs Mfg. Co.

3.(a) FULL NAME: Oliver Calara Wright

3.(b) Social Security Number: 213-18-5838

4. Sex: F

5. Color or race: w

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Oct. 2nd 1883

8. AGE: Years 56 Months 10 Days 14 If less than one day ... hrs. ... min.

8. Birthplace: Penn.
(Town, county, and state)

10. Usual occupation: on Farm

11. Industry or business

FATHER
12. Name: Geo. S. Wright
13. Birthplace: Penn.

MOTHER
14. Maiden name: Emma Bucher
15. Birthplace: Penn.

16. Informant: Robt. Brecher (Son)
Address: R.D. Denton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8-18-40 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton Md.

18. Funeral director: J. Virgil Moore & Son
Address: Denton. Md.

19. Aug. 18 1940 (Date rec'd by registrar) Wm H O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 15 1940, at 11 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 4 1939, to August 15 1940 and that I last saw her alive on August 15 1940

Immediate cause of death: Cicatricial stenosis Oesophageal-gastric junction

Due to: probably healed gastric ulcer

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION
Aug 1939

Major findings of operations:

Date of op.

Autopsy results: Cicatricial stenosis Oesophageal-gastric junction

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: E. Paul Knotts MD
M. D. or other

Address: Denton Md Date signed: Aug 17-1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1940
BUREAU V. S.